PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

The State want to	the Consolidated Ann	t. 2005 (H R. 4818)	Complete ii Taloiiii						
EEE TO A NICMITT A I				Application Number 10/5883					
FEE TRANSMITTAL				Filing Date	08/03/2006		·		
	For FY		First Named I	Inventor CHO	or CHO				
Applicant cl	aims small entity s	7 CFR 1.27	Examiner Name Ngo						
				Art Unit 3754					
TOTAL AMOUN	1 OF PAYMENT	(\$)	865.00	Attorney Docl	ket No. CHOH	-1			
METHOD OF I	PAYMENT (chec	k all that a	oply)						
✓ Check Credit Card Money Order None Other (please identify):									
Deposit A	ccount Deposit A	count Numbe	r: <u>20-0525</u>	Deposit	Account Name: Ca	lif Tervo			
For the a	bove-identified dep	osit account	, the Director is he	reby authorized	to: (check all that	apply)			
Ch	arge fee(s) indicat	ed below		Cha	arge fee(s) indicate	ed below, exce	ept for the filing fee		
	arge any additiona der 37 CFR 1.16 a		nderpayments of fe	ee(s) Cre	edit any overpayme	ents			
WARNING: Informa		ay become p	ublic. Credit card in	formation should	I not be included on	this form. Pro	vide credit card		
FEE CALCUL		2000.							
	NG, SEARCH, A	ND EXAMI	NATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES									
Application '	Type Fee	<u>Small Eı</u> (\$)		Small Entity Fee (\$)		all Entity ee (\$)	Fees Paid (\$)		
Utility	330		540	270		110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	-		
Provisional	220	110	0	0	0	0			
2. EXCESS C							Small Entity		
Fee Description Each claim over 20 (including Reissues) Fee (\$) Fee (\$) 52 26									
Each independent claim over 3 (including Reissues)							110		
Each independent claim over 3 (including Reissues) Multiple dependent claims 220 110 195									
Total Claims	<u>Extra</u>	Fee (\$) Fe	e Paid (\$)		Multiple Dep	endent Claims			
	20 or HP =	x				Fee (\$)	Fee Paid (\$)		
Indep. Claims	mber of total claims p	iaid for, if grea Claims		e Paid (\$)					
- 3	3 or HP =	x							
K .	nber of independent	claims paid for	, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non English Specification (\$120 fee (no small subject discount)) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 4 months extension of time 865.00									
SUBMITTED BY				Designation M					
Signature	0	a	Registration No (Attorney/Agent)	^{7.} 31308	Telephone	619-234-4034			
Name (Print/Type) Calif Tervo						Date 11/2-	Date 11/24/2009		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.